

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 14-MAR-2012		2. ADDRESS OF OCCURRENCE 5155 W LAKE ST CHICAGO, IL 60644		3. LOCATION CODE 277		4. BEAT/OCCUR 1532	
	5. POSITION 9161	6. LAST NAME RUIZ	7. FIRST NAME ROLANDO	8. STAR NO. 14837	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE 511	12. HT. 171
	14. DATE OF APPT. 31-JUL-2006		15. EMPLOYEE NO. 015	16. UNIT & BEAT OF ASSIGNMENT 1563A		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE U	25. D.O.B. [REDACTED]
	26. HT. 511		27. WT. 200		28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]	
	30. WAS SUBJECT ARMED/FIREARM - REVOLVER, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL	
REASON FOR USE OF FORCE (Check all that apply)	34. BY WHOM? DR. [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED <input type="checkbox"/> DNA		37. CS NO. <input type="checkbox"/> IR NO. <input type="checkbox"/> DNA	
	38. SUBJECT'S ACTIONS		39. MEMBER'S RESPONSE		40. ADDITIONAL INFORMATION OFFENDER POINTED FIREARM AT R/O		41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	
	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR		45. MAKE/MANUFACTURER SIG. I. G. SWISS INDUSTRIAL GESELLSCHAFT - P229	
WEAPON DISCHARGE INCIDENT	46. TASER DART ID NO. AAU05942		47. CHICAGO GUN REG. NO. R001314S		48. FIREARM OWNER ID. NO. [REDACTED]		49. HANDGUN CERTIFICATE NO. [REDACTED]	
	50. WEAPON SERIAL NO. (Include Letters) AAU05942		51. TYPE OF AMMUNITION USED Department Issued		52. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		53. TOTAL NO. OF SHOTS MEMBER FIRED 4	
	54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. WHO FIRED FIRST SHOT? <input checked="" type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		57. WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	
CASE INFO.	58. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		59. SPECIFY METHOD/EQUIPMENT USED TO RELOAD LEVEL 2 HOLSTER		60. DID MEMBER USE SIGHTS? <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	
	62. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		63. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		64. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		65. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.	
	66. REPORTING MEMBER (Print Name) RUIZ, ROLANDO		67. STAR/EMPLOYEE NO. 14837		68. SIGNATURE [REDACTED]		69. DATE REVIEWED 15-MAR-2012 07:25:40	
SIGNATURES	70. REVIEWING SUPERVISOR (Print Name) ROMAN JR, WILFREDO		71. STAR NO. 2594		72. SIGNATURE [REDACTED]		73. DATE REVIEWED 15-MAR-2012 07:25:40	

LOG # **1052578**

Attachment # **121**

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Hospitalized

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on all known facts at this time the officer complied with policy.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ESCALANTE, JOHN J

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

15-MAR-2012 07:55:47

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR'S THIS EVENT No.

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